_	STATES HOUSE OF REPRESENTATIVES YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 7 For use by Members, officers, and employed (D DELIVERED
	Timothy J. Walz (Full Name)	202-225-2472 20 (Daytime Telephone)	IMAY I6 PM 4: 30 (Office Use Only)
Filer Status	 	Officer Or Employing Office: U.S. Employee	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	Termination Date: ion	more than 30 days late.
PRELIMIN	ARY INFORMATION ANSWER EACH OF THESE Q	UESTIONS	
I. or more from	rour apouse have "earned" income (e.g., salaries or fees) of \$200 m any aource in the reporting period? Yes V No nplete and attach Schedule I.	Did you, your apouse, or a depandant child recaive any reportate VI. the reporting period (i.e., eggregeting more then \$335 end not of exempt)? If yee, complete and attach Schedule VI.	
∜. you for a sp	vidual or organization make a donation to charity in lieu of paying seech, appearance, or article in the reporting period? Yes No V Inplete end attach Schedule II.	Did you, your a pouse, or a dependent child receive any reported VII. reimbursaments for traval in the reporting period (worth more the from one accurate)? If yes, complete end attach Schedule VII.	
III. more than \$ more then \$	ur apouee, or a dependent child receive "unaamed" incoma of 1200 in the reporting period or hold any reportable asaet worth Yes V No 1,000 at the and of the period?	Did you hold any reportable positione on or before the date of fi VIII. current calandar year? If yes, complete and attach Schedule VIII.	ling in tha Yes ☐ No 🗹
IV. reportable a period?	ur apouaa, or dependant child purchaaa, aeli, or axchange eny laset in a tranaection axceeding \$1,000 during tha reporting with the second stack of the second stack o	Did you heve any reportable egreement or arrangement with an IX. If yes, complete and attach Schedule IX.	outside
Did you, you V. (more than	prispouse, or a dependent child have any reportable liability \$10,000) during the reporting period? Yes V No projects and attach Schedule V.	Each question in this part must be answered schedule attached for each "Yes" response.	
	ON OF SPOUSE, DEPENDENT, OR TRUST INFORMA		
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee disclosed. Have you excluded from this report details of such a trus	ee on Ethics end certain other "excepted truste" need not be	

Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they need all these texts for exemption? Do not answer "yet" unless you have first concluded with the Committee on Ethics.

MC

SCHEDULE I - EARNED INCOME

Name Timothy J. Walz

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the eource for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Mankato Area Public School	Spouse Salary	n/a

S	CF	4FDL	II F	ш	- ASSETS	AND	"IINFA	RNFD"	INCOME
u	''		/ L/L	1116	- AUGE IG		UILE	WINED	

Name Timothy J. Walz **BLOCK A** BLOCK B BLOCK C BLOCK D BLOCK E Asset and/or Income Source Year-End Type of Income Amount of Income Transaction Identify (a) each aseet held for investment or production of income with Check all columne that For retirement accounts that Indicate if aeset Value of Asset a fair market value exceeding \$1,000 at the end of the reporting period, epply. For retirement do not allow you to choose had purchases and (b) any other reportable esset or sources of Income which at close of reporting eccounts that do not epecific investments or that (P), sales (S), or generated more than \$200 in "unearned" income during the year. vear. If you use e allow you to choose generate tax-deferred income exchanges (E) veluation method specific investments or (euch ae 401(k) plans or exceeding other then fair merket Provide complete names of stocks end mutuel funde (do not use ticker that generate tax-deferred IRAs), you may check the \$1,000.in value, please specify symbole.) income (auch as 401(k) "None" column. For all other reporting year. the method ueed. If an plane or IRAs), you mey aseets. Indicete the cetegory asset was sold end is For all IRAs and other retirement plens (such as 401(k) plans) that ere check the "Nona" of Income by checking the self-directed (i.e., plane in which you have the power, even if not Included only because column. Dividends. appropriate box below. It is generated income. exercleed, to select the specific investments), provide the value for each Interest, end capitel gaine, Dividends, Interest, and asset held in the eccount that exceeds the reporting thresholde. For the velue ehould be even if reinvested, must capital gaine, even if "None." retirement accounts which ere not eelf-directed, provide only the name be disclosed es Income. reinvested, muet be of the institution holding the eccount and its value at the end of the Check "None" If the aseet disclosed as income. Check reporting period. "None" if no income was generated no income during the reporting earned or generated. For rental or other real property held for investment, provide a complete period. addreee. For an ownership interest in a privately-held business that le not publically traded, etate the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and variation homes funished there was rental income during the recording nation): any denotite totaling \$5 000 or last in a namenal chacking or DC American Balanced Fund 529 \$1,001 -Dividend/Capital \$1 - \$200 \$15,000 Gains SP \$15,001 -P Education Minnesota not self-Interest \$2,501 - \$5,000 directed (American United Life \$50,000 Insurance Company) Ρ Education Minnesota not self-\$1,001 -\$1 - \$200 Interest directed (American United Life \$15,000 Insurance Company) Mass Mutual Life \$1,001 -\$201 - \$1,000 Р Interest Insurance/Mass Mutual (whole) \$15,000 \$1,001 - \$2,500 MN Retirement Assn not self-\$15.001 ~ Interest directed \$50,000 SP MN Retirement Assn not self-\$50.001 -\$2,501 - \$5,000 Interest directed \$100,000

Page 3 of 7

SCHEDULE III - ASSETS AND "UNEARNED" INCOME			ne Timothy J. Walz		Page 4 of 7
SP	NW Mutual Life Insurance (whole/term)	\$1,001 \$15,000		\$201 - \$1,000	
	Rental Unit - 12 Valley View Place, Mankato, MN	\$250,00 \$500,00	,	\$5,001 - \$15,000	

.

SCHEDULE IV - TRANSACTIONS

Name Timothy J. Walz

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial aale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Cepital Gain In Excess of \$200?	Date	Amount of Transaction
	American United Life Insurance Company/Mass Mutual (whole)	Р	N/A	Monthly	\$1,001 - \$15,000
SP	Education Minnesota not self-directed (Great American Financial Resources)	P	N/A	Monthly	\$15,001 - \$50,000

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit carde) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JΤ	Chase		Revolving	\$15,001 - \$50,000
JT	MBNA - Bank of America	= 1773-1	Revolving	\$15,001 - \$50,000
JT ·	CitiMortgage		Mortgage on 12 Valley View Place, Mankato, MN	\$100,001 - \$250,000
JT	Chase Home Finance		Line of Credit on 12 Valley View Place, Mankato, MN	\$50,001 - \$100,000
JT	American Express		Revolving	\$10,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name Timothy J. Walz

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than tha U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/22/10	Mankato Area Public Schools	Leave Without Pay Through 1/2/13
12/22/10	MN Teacher Retirement Assn not self directed	Leave Without Pay Through 1/2/13

	STATES HOUSE OF REPRESENTATIVES YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 5 For use by Members, officers, and employees	LEGISLATIVE RESOURCE CENTER 2011 MAY 12 PM 3: 45
	John P aul Kline, J r. (Full Name)	(202) 225-2271 HA (Daytime Telephone)	ND DELIVE OF CONTROL OF THE CONTROL
Filer Status	1 🗸	fficer Or Employing Office: mployee	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	Termination Date: on	more than 30 days late.
PRELIMIN	ARY INFORMATION ANSWER EACH OF THESE QU	UESTIONS	
I. or more from	our epouaa have "eamed" Income (e.g., salaries or fees) of \$200 Yes V No Plete and attach Schedule I.	Did you, your epouse, or a dependent child receive any reportab /I. the reporting period (i.e., aggregating more than \$335 and not of exempt)? If yes, complete and attach Schedule VI. Did you, your apouse, or a dependent child receive any reportab	herwiae Yes 🗌 No 🔽
II. you for a spe		//II. relimbursements for travel in the reporting period (worth more the from ona source)? If yes, complete and attach Schedule VII.	an \$335 Yes 🕢 No 🗌
III. more than \$2 more than \$2	r epouea, or a dependent child receiva "unaamed" income of 200 in the reporting period or hold any reportabla asset worth Yes V No U 1,000 at the end of the period? plete and attach Schedule III.	Did you hold any reportable positions on or before the date of fill. current calendar year? If yes, complete and attach Schedule VIII.	Ing in the Yes ☐ No ☑
IV. reportable as period?	r spousa, or dependent child purchase, aeii, or exchanga any set in a transaction exceeding \$1,000 during the reporting Yes No Place and attach Schedule IV.	Did you have any reportabla agreement or arrangement with an X. entity? If yes, complete and attach Schedule IX.	outside Yes ☐ No 🗸
V. (more than \$	rapousa, or a dependent child have any reportable liability 10,000) during the reporting period? Yes No Plete and attach Schedule V.	Each question in this part must be answered schedule attached for each "Yes" response.	and the appropriate
EXCLUSIO	N OF SPOUSE, DEPENDENT, OR TRUST INFORMAT	TION - ANSWER EACH OF THESE QUE	STIONS
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee disclosed. Have you excluded from this report details of such a trust	on Ethics and certain other "excepted trusts" need not be	
Exemption	PRS— Have you excluded from this report any other assets, "unearned" inco- because they must all three tasts for ensembling? For act a waver "yes"	ome, transactions, or liabilities of a spouse or dependent ch " unless you have first consulted with the Committee on Et	nild Nice. Yes _ No &

SCHEDULE I - EARNED INCOME

Name John Paul Kline, Jr.

Page 2 of 5

List the source, type, and amount of earned Income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
SP-US Government (DFAS)	Military Retirement	N/A

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Identify (a fair ma and (b) a generate Provide o symbols. For all IR self-direct exercised asset hel retirement of the ins reporting For renta address.	As and other retirement plans (such as 401(k) plans) that are cted (l.e.,plans in which you have the power, even if not d, to select the specific investments), provide the value for each id in the account that exceeds the reporting thresholds. For not accounts which are not self-directed, provide only the name stitution holding the account and its value at the end of the period. If or other real property held for investment, provide a complete where the interest in a privately-held business that is not	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because It is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific Investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no Income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred Income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, Indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galns, even if reinvested, must be disclosed as income. Check "None" if no Income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
activities Exclude:	y traded, state the name of the business, the nature of its , and its geographic location in Block A. Your personal residence, including second homes and homes (unless there was rental income during the reporting				
	LPL Insured Cash Account	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Dodge & Cox International	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Franklin Value	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
JT	Third Avenue Value	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Standard & Poors 500	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME			Name John		Page 4 of 5		
SP	Jackson National Annuity (A)*			onal Annuity (A)* \$50,001 - INTEREST \$100,000		\$1 - \$200	
SP	Jackson National Annuity (B)* *Both annuities hold the same name	1 '	0,001 - 00,000	INTEREST	\$1 - \$200		
SP	Lincoln Annuity		001 - 5,000	INTEREST	\$201 - \$1,000		
	Jackson National Annuity	1 '	5,001 - 0,000	INTEREST	\$1 - \$200		
	ING Russia	1	5,001 - 0,000	DIVIDENDS/INTE REST	NONE		
SP	Sheldon Family Farms (534 Acres, Houston, MN)	· ·	00,001 - 50,000	RENT	\$201 - \$1,000		
	Ameriprise Annuity (formerly known as American Express Annuity)		5,001 - 0,000	INTEREST	\$1 - \$200		

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Paul Kline, Jr.

Page 5 of 5

Identify the source and list travel Itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days no <u>t at</u> sponsor's expense
The Heritage Foundation	January 14-16	Washington, D.C Charlottesville, VA	Υ	Υ	N	None

9	TES HOUSE OF REPRESENTATIVES EAR 2010 FINANCIAL DISCLOSURE STA	ATEMENT	Form A For use by Members, officers, and employees	LEGISLATIVE RE 2011 MAY 12		
Name:	Eila Paulsen	Daytime	Telephone: 202 275 28	U.S. A. U.S.F. D. RE AND DE (Office		
Filer Status Report Type	Member of the U.S. State: MN House of Representatives District: 03 Annual (May 16, 2011) Amendmen	Officer Employ	F - 7 - 3	A \$200 penalt against anyond 30 days late.		
PRELIMINAR	Y INFORMATION — ANSWER <u>EAC</u>	H OF THES	SE QUESTIONS			
fees) of \$200 or m	spouse have "earned" income (e.g., salaries or ore from any source in the reporting period? Yes	C No	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., agg than \$335 and not otherwise exempt)? If yes, complete and attach Schedula VI.	receive any regating more	Yes	No 🔀
lieu of paying you to reporting period?	al or organization make a donation to charity in for a speech, appearance, or article in the Yes and attach Schedule II.	No 🔀	VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in period (worth more than \$335 from one source if yes, complete and attach Schedule VII.	n the reporting	Yes	No 🗶
income of more that reportable asset wo	rouse, or a dependent child receive "unearned" an \$200 in the reporting period or hold any orth more than \$1,000 at the end of the period? nd attach Schedule III.	< No □	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date	Yes	No 🔀
or exchange any re \$1,000 during the	pouse, or a dependent child purchase, sell, eportable asset in a transaction exceeding reporting period?	Ø No □	IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX.	arrangement with	Yes	No 😾
V. Did you, your spo liability (more than	ouse, or a dependent child have any reportable \$10,000) during the reporting period? Yes nd attach Schedule V.	No 🔀	Each question in this part appropriate schedule attach			
EXCLUSION	OF SPOUSE, DEPENDENT, OR TR	UST INFOR	MATION — ANSWER EACH O	FTHESE QU	JESTIONS	\$
	regarding "Qualified Blind Trusts" approved by the Commreport details of such a trust benefiting you, your spouse			closed. Have you	Yes	No 🔀
	ve you excluded from this report any other assets, "unea tests for exemption? Do not answer "yes" unless you ha			child because	Yes	No 🔀

Neme Eil Paulsen Pege 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$9,000
xamples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	NA NA
エ	dependent School District 273	spouse sclery	NA

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name El Palsen Page 3 of 6

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset hald for investmant or production of incoma with a fair market valua exceeding \$1,000 at tha end of the reporting period, and (b) any othar reportable asset or sourcas of incoma which ganerated more than \$200 in "unaarnad" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and othar ratirament plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to selact tha specific investments), provide the value for aach asset hald in the account that excaeds tha raporting thresholds. For retire-	reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividsnds, interest, snd cspital gsins, even if reInvsstsd, must be disclosed ss income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not sllow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and cspital gsins, svsn if rsinvssted, must be disclosed ss incoms. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
mant accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or othar raal property held for investment, provide a completa address. For an ownership interest in a privataly-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rantal income during the reporting period); any daposits totaling \$5,000 or lass in a personal checking or saving accounts; and any financial interest in, or income derived from, a tederal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or incoma sourca is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in tha optionel column on tha far laft. For a detailad discussion of Schedule III requirements, plaase rafar to the instruction booklet.	B9 000 000 000 000 000 000 000 000 000 0	DAVIDENDS RENT INTEREST CAPITAL GAIMS EXCEPTEDBLIND TRUST Other Type of Income (Specify: e.g., P=tnership income or Farm Income)	None	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	Indefinite X	X X Royalties	X X X	S (partial)
Minnesote State Enterement System Fixed Interest Minnesote State Retriement System Common Stochendex Minnesote State Retriement System Internetural Share The Proctor and Gamble, Stock Xiel Energy Stock Vanyment Simple IRA Growth Index Fund		X X X X X X X X X X X X X X X X X X X	X	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name El Palser Page 4 of 6

	BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset										ре		BLOCK D Amount of Income									BLOCK E Transaction								
SP,		Α	В	С	D	E				_	J J	к 00	L						ST		-	fl	III	IV	٧	VI	VII	ΛŧΙΙ	ΙX	X	ΧI	P, S,
DC, JT				00	44.0	000'0	0001	000'00	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	8					S	EXCEPTED/#LND TRUST	ncome orne or						2	8	800	000'00	000,000		E E
			\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$- 1000	001 - \$E	001 - \$1,	0,001 – \$	0,001 - \$	- 100'00	Over \$50,000,000	111	DIVIDENDS		INTEREST	CAPITAL GA NS	PTED/EL	Other Type o. Income (Specify: e.g. Partnership Income or Farm Income)		002	\$201 - \$1,000	\$1,001 - \$2,50	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1 000,000	\$1,000,001 - \$,000,000	Over \$5,000,00	
		None	S1 -		\$15.0	\$50,0	\$100,	\$250,	\$500	\$1,00	\$5,00	\$25,0	Š	NONE		REN	INTE	CAPI	EXC	Other (Spec Parth Farm	None	\$1-\$200	\$201	\$1,00	\$2,50	\$5,00	\$15,00	\$50.0	\$100,	\$1,00	Over 9	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Eil Parlsen

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Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source				Va		oc ar-l	End	d	t							Ty	cor				Am			ock of		con	ne		٦	BLOCK E Fransaction
SP, DC,	*	A	B			m 000°c				5,000,000		1					IS	LIND TRUST	ncome some or	1	1	tii							x 000'000'		P, S, E
		None	\$1 – \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 \$25,000,000	\$25,000,001 = \$50,000,000 Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 \$15,000	\$15,001 - \$50,000	\$50,001 \$100,000	\$100,001 - \$1,000,000	\$1,000,001 \$5,000,000	Over \$5,000,000	
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Page 6 of 6

or depen	ny purchase, sale, or exchange transactions by you, your spouse, dent child during the reporting period of any security or real propfor investment that exceeded \$1,000. Include transactions that		Type ansa			Date	Amount of Transaction												
resulted action. E. dren, or	n a capital loss. Provide a brief description of any exchange trans- kclude transactions between you, your spouse or dependent chil- the purchase or sale of your personal residence, unless it gener-	tat		111	Capital ed \$200	(MO/DAY/YR) or	A	В	С	D	E	F	G	н	1	J			
cate (i.e.	al income. If only a portion of an aeset le eold, pieese eo Indi- , "partial sale"). See example below. Saine — if a sales transaction resulted in a capital gain in excess check the "capital gains" box and disclose this income on Schedule	PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$16,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$5,000,001	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000			
SP, DC, J7								. 60											
SP	Example: Mega Corporation Common Stock (partial sale)		Х			10–12–10		Х				Эπi							
	Minnessta College Scrings Min Gueranteed Opton ADCT, Stock	X				morthly	X												
		,	X			10/22/10	X												
77.	Threet Universal Life Insurance	X				Quetely	X												
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			HAMDOCIA
	STATES HOUSE OF REPRESENTATIVES YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 3 For use by Members, officers, and employees	HAND DELLV
			THE ATTIVE RECOURGE CLATE
	Rep. Betty McCollum (Full Neme)	(202) 225-6631 (Daytime Telephone)	DII MAY 16 PH 3: 49
Filer Status	Member of the U.S. State: MN House of Representatives District: 04	Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	Termination Date: mination	more than 30 days late.
PRELIMIN.	ARY INFORMATION ANSWER EACH OF THES	SE QUESTIONS	
I. or more from	our spouse have "earned" income (e.g., salariss or fees) of \$200 n sny source in the reporting period? Yes No	Did you, your spouse, or a dependent child receive any reportable the reporting period (i.e., aggregating more than \$335 and not off exempt)? If yes, complete end attach Schedule VI.	
II. you for a sp	vidusi or organization maks e donation to cherity in lieu of peying sech, sppearance, or article in the reporting period? Yes No uplete and attach Schedule II.	Did you, your spouss, or e dependent child receivs any reportable reimbursements for travel in the reporting period (worth more the from ons source)? If yes, complete end attach Schedule VII.	s travel or en \$335 Yes No 🗸
Did you, you III. more than \$3 more then \$	r spouse, or e dependent child receive "unearned" income of 200 in the reporting period or hold eny reportable asset worth 1,000 at the end of the period? Plete and attach Schedule III.	Did you hold any reportable positions on or before the date of fill	ng in the Yes ☐ No 🕢
IV. reportable as period?	repouse, or dependent child purchase, sell, or exchange any seet in a transaction exceeding \$1,000 during the reporting Yes No plete and attach Schedule IV.	IX. Did you have eny reportable egreement or strangement with en o entity? If yes, complete and attach Schedule IX.	vutsids Yes No 🗹
Did you, you V. than \$10,000	r spouse, or e dependent child havs eny reportable lisblilty (more		and the appropriate
	ON OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION ANSWER EACH OF THESE QUES	STIONS
Trusts-		mmittes on Ethics and certain other "excepted trusts" need not be	Yes 🗍 No 📝
Exemption	Ons Have you excluded from this report any other assets, "unearne	ed" Income, transectione, or liebilities of a spouse or dependent ch	lld

because they meet ell three tests for exemption? Do not enswer "yes" unless you have first consulted with the Committee on Ethics. Yes 🔲 No 📝

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each esset held for Investment or production of income with e felr merket value exceeding \$1,000 at the end of the reporting period, and (b) eny other reportable asset or sources of Income which generated more then \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funde (do not use ticker aymbole.) For all IRAs and other retirement plans (such as 401(k) plans) that ere self-directed (i.e.,plane in which you have the power, even if not exercised, to select the epecific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its velue at the end of the reporting period. For rental or other real property held for investment, provide e complete eddresa. For an ownership interest in a privately-held business that is not publically traded, etate the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any departity totaling \$5,000 or location are perioded charking as	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was eold and is included only because it ie generated income, the value should be "None."	Type of Income Check ell columns that epply. For retirement accounts thet do not allow you to choose apecific investments or thet generate tax-deferred income (such aa 401(k) plens or IRAs), you may check the "None" column. Dividends, Interest, and capitei gaina, even if reinvested, must be dieclosed as Income. Check "None" if the esset generated no income during the reporting period.	Amount of Income For retirement accounts thet do not ellow you to choose apecific investments or that generate tax-deferred income (auch as 401(k) plane or IRAs), you may check the "None" column. For ell other assets, Indicate the cetegory of income by checking the appropriate box below. Dividenda, interest, and capital gains, even if rainvested, muet be diaclosed aa income. Check "None" if no income wae earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Alger Small & Midcap Growth A Open End Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$2,501 - \$5,000	
Davis NY Venture Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Goldman Sachs Capital Growth Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Goldman Sachs Growth & Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Hartford Capital Apprec Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Minnesota State Def. Comp - T. Rowe Price Small Cap Fund	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

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SCHE	DULE III - ASSETS AND "UNEARNED" IN	ICOME	Name Rep	o. Betty McCollum		Page 3 of 3
	Minnesota State Def. Comp Fidelity Div Inter Fund	' '	001 - 5,000	DIVIDENDS	\$201 - \$1,000	
	Minnesota State Def. Comp Janus Twenty	, ,	001 - 5,000	DIVIDENDS	\$1 - \$200	
	Minnsota State Def. Comp. Vanguard Index Funds Plus	1 7	001 - 5,000	DIVIDENDS	\$201 - \$1,000	
	Oppenheimer Global Allocation FD	' '	001 - 5,000	None	NONE	Р
	Oppenheimer Quest Balanced Fund-A Mutual Fund	No	ne	CAPITAL GAINS	\$1 - \$200	S
	Oppenheimer Quest Opportunity Value Mutual Fund	' '	001 - 5,000	DIVIDENDS	\$201 - \$1,000	

UNITED STATES HOUSE OF REPRICALENDAR YEAR 2010 FINANCIAL DISCLOSURE		FORM A Page 1 of 6 For use by Members, officers, and employees	HAND DELIVERED
Keith M Ellison		202-225-4755	2011 MAY -3 AM 9: 20
(Full Name)		(Daytime Telephone)	(Office (J/secOnly)) Hall CUERK
Filer Member of the U.S. State House of Representatives Distri	_ F _I	fficer Or Employing Office: mployee	O.S. HOUSE OF RE-KASENTATIVES A \$200 penalty shall be assessed against anyone who files
Report Type Annual (May 15) Amend	ment	Termination Date: on	more than 30 days
PRELIMINARY INFORMATION - ANSWER	EACH OF THESE Q		
Did you or your spouse have "semed" income (e.g., salaries or fee or more from any source in the reporting period? If yes, complete and attach Schedule I.	e) of \$200 Yes 🕢 No 🖂	Did you, your spouse, or a dependent child receive any report the reporting period (i.e., aggregating more then \$335 and not exempt)? If yes, complete and attach Schedule VI.	
Did any individual or organization make a donation to charity in ile you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	u of paying Yes No 📝	Did you, your spouse, or a dependent child receive any report /II. reimbursements for travel in the reporting period (worth more from one source)? If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "uneerned" incomore than \$200 in the reporting period or hold any reportable assemble than \$1,000 at the and of the period? If yes, complete and attach Schedule III.	ome of t worth Yes V No	Did you hold any reportable positions on or before the date of /III. current calendar year? If yes, complete and attach Schedule VIII.	filing in the Yes □ No ☑
Did you, your spouse, or dependent child purchase, sell, or exchar IV. reportable asset in a transaction exceeding \$1,000 during the repoperiod?	ige any rding Yes No 🗹	Did you have any reportable agreement or arrangement with a entity?	n outside Yes No 🕢
If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable its than \$10,000) during the reporting period?	Yes V No	If yes, complete and attach Schedule IX. Each question in this part must be answere schedule attached for each "Yes" response	· · · · · · · · · · · · · · · · · · ·
If yes, complete and attach Schedule V. EXCLUSION OF SPOUSE, DEPENDENT, C	R TRUST INFORMA	•	
Trusts- Detaile regarding "Qualified Blind Trus	ts" approved by the Committee	e on Ethics and certain other "excepted trusts" need not be benefiting you, your apouse, or dependent child?	
Exemptions Have you excluded from this report an because they meet all three tests for ex	y other assets, "unearned" Inco	ome, transactions, or liabilities of a spouse or dependent " unless you have first consulted with the Committee on	child Ethics. Yes No 🗸

SCHEDUI	E I	- EARNED	INCOME
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Name Keith M Ellison

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$4.000.

Source		Туре	Amount
Community Action Partnership	Spouse Salary		N/A

SCHEDULE III -	ASSETS AND "UNEARNED" INCOM	Æ	Name Keith M E	Ellison		Page 3 of 6
Asset and identify (a) each asset a fair market value extend (b) any other report of the fair market value extend (b) any other report of the institution hold reporting period. For an ownership ints publically traded, state activities, and its georgextend in the exercised.	BLOCK A I/OF Income Source It held for investment or production of income with ceeding \$1,000 at the end of the reporting period, portable asset or sources of income which \$200 in "unearned" income during the year. These of stocks and mutual funds (do not use ticker or retirement plans (auch as 401(k) plans) that are as in which you have the power, even if not not specific investments), provide the value for each bunk that exceeds the reporting thresholds. For which are not self-directed, provide only the name along the account and its value at the end of the large that is not to the name of the business that is not to the name of the business, the nature of its graphic location in Block A. The residence, including second homes and set there was rental income during the reporting the station of the station of the station of the property decided as there was rental income during the reporting tentiling the thorough the property of the proper	Va at cl year valu than plea meti asse inclu it is	BLOCK B Year-End alue of Asset case of reporting the five use a sation method other fair market value, se apecify the hod used. If an at was sold and is uded only because generated income, value should be ne."	Type of Income Check ali columns that apply. For retirement accounts that do not allow- you to choose apecific investments or that generate tax-deferred income (auch as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (auch as 401(k) plans or iRAs), you may check the "None" column. For all oth assets, indicate the categor of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Chec "None" if no incoma was earned or generated.	indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	ford Advisers Fund	\$1	- \$1,000	DIVIDENDS	\$1 - \$200	
Hartf Fund	ford Dividend & Growth		,001 - 5,000	DIVIDENDS	\$1 - \$200	
Hartf	ford Inflation Plus Fund	\$1	- \$1,000	DIVIDENDS/CAPI TAL GAINS	\$1 - \$200	
Hartf	ford Int'l Opportunity Fund		,001 - 5,000	DIVIDENDS	\$1 - \$200	
Hartf	ford Mid Cap Value Fund	\$1	- \$1,000	DIVIDENDS	NONE	
Hartf	ford Small Company Fund	\$1	- \$1,000	DIVIDENDS	NONE	

SC	HEDULE III - ASSETS AND "UNEARNED" IN	COME	Name Keith	M Ellison		Page 4 of 6
	Hartford US Gov't Securities Fund	No	ne	DIVIDENDS	\$1 - \$200	

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SCHEDULE V - LIABILITIES

Name Keith M Ellison

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Congressional Federal Credit Union		Ready Reserve	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Keith M Eillson

Page 6 of 6

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied tha traveler at the sponsor's expense, and the amount of time, if sny, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimburaed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days no <u>t at</u> sponsor's expense
U.S. Middle East Project	Oct. 14-15	MPLEAMN - Washington, CT- MPLS, MN	1	4	7	None

UNITED STATES HOUSE OF REPRESENCE CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATE		FORM A Page 1 of 6 For use by Members, officers, and employees	LEGISLATIVE RESOURCE CENT 2011 MAY 11 PM 3: 54
Collin C Peterson (Full Name)		202-225-2165 (Daytime Telephone)	I.S. HOUSE OF REPAIRSENTATIVE
Filer Status Member of the U.S. State: MN House of Representatives District: 7 Report Type Annual (May 15)	☐ Termina	Officer Or Employing Office: Employee Termination Date: ation	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH	H OF THESE	QUESTIONS	
Did you or your spouse heve "earned" income (e.g., selaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of peying you for a epeech, appearence, or article in the reporting period? If yes, complete and attach Schedule II. Did you, your spouse, or e dependent child receive "unearned" income of more than \$200 in the reporting period or hold eny reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchese, sell, or exchange eny reportable asset in a transection exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. Did you, your spouse, or e dependent child heve eny reportable liability (more then \$10,000) during the reporting period?	Yes, ✓ No	VI. Did you, your epouse, or a dependent child receive eny reports the reporting period (i.e., aggregating more than \$335 end not exempt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive eny reports viii. reimbursements for travel in the reporting period (worth more from one source)? If yes, complete and attach Schedule VII. Did you hold any reportable positione on or before the date of viii. current celendar year? If yes, complete and attach Schedule VIII. Did you heve any reportable egreement or arrangement with an entity? If yes, complete and attach Schedule IX. Each question in this part must be answere	tible travel or than \$335 Yes No
If yes, complete and attach Schedule V.		schedule attached for each "Yes" response	
EXCLUSION OF SPOUSE, DEPENDENT, OR TR	UST INFORM	IATION ANSWER EACH OF THESE QUE	ESTIONS
		ittee on Ethics and certain other "excepted trusts" need not brust benefiting you, your spouse, or dependent child?	e Yes □ No 🗸
		income, transactions, or liabilities of a spouse or dependent (yes'' unless you have first consulted with the Committee on E	

SCHEDULE I - EARNED INCOME

Name Collin C Peterson

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Peterson Fox, Inc	Directors Fee	\$9,000

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Identify (a) a fair marke and (b) any generated reprovide corsymbols.) For all IRAs self-directed exercised, the asset held is retirement a continuous for rental of address. For an own publically tractivities, a Exclude: Yellow	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, interest, and capital gains, even If reInvested, must be disclosed as income. Check "None" if no Income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Bremer Bank (Detroit Lakes, MN)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Lakewest Properties (partnership)	\$1,001 - \$15,000	RENT/Interest Cap Gains	\$2,501 - \$5,000	
	Peterson Farm Partnership (previous name : Thief River Farm)	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	
	Peterson Fox, Inc (common stock)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Wright Patman Congressional Credit Union (Wash. DC)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Collin C Peterson

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	1/2 Interest in 120 acres farm land and cabin- Peterson Farms Partnership (previously known as Thief River Farms)	Р	N/A	1-4-10	\$50,001 - \$100,000

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Collin C Peterson

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
CHICAGO COUNCIL on GLOBAL AFFAIRS	Feb. 1	FARGO-CHICAGO-DC	N	Y	N	None

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	PETERSON FOX
PARTNER	PETERSON FARMS PARTNERSHIP (formerly known as Thief River Farms)
PARTNER	LAKEWEST PROPERTIES